



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Carmen House
Date of Inspection:	16 February 2015
Inspector's Name:	Priscilla Clayton
Inspection ID:	18180

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Carmen House
Address:	3 Carmen Lane Bangor BT20 3PL
Telephone number:	028 91459508
E mail address:	carmenhouse@btconnect.com
Registered Organisation/ Registered Provider:	Alexander Thomas Millar
Registered Manager:	Patricia Millar
Person in charge of the home at the time of inspection:	Patricia Millar
Categories of care:	RC-DE, RC-I
Number of registered places:	15
Number of residents accommodated on Day of Inspection:	14
Scale of charges (per week):	As per commissioning trust contract.
Date and type of previous inspection:	Primary Unannounced Inspection 27 August 2014
Date and time of inspection:	Secondary Unannounced Inspection 16 February 2015
Name of Inspector:	Priscilla Clayton & Patricia Galbraith 10.50 am – 1.30pm

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Carmen House Residential Care Home is situated in a residential area in the outskirts of the town of Bangor. Entrance to the home is via a private lane just off the busy main Bangor to Belfast Road.

The residential home is a leased property and operated by Mr Alexander Miller, responsible person. Patricia Miller is the manager and has been registered manager with RQIA since 2007. Mr Alexander Miller is also the cook.

Accommodation for residents is provided in single bedrooms in the two storey home. Access to the first floor is via a stair lift or stairs.

A communal lounge and dining area, situated on the ground floor, lead to the conservatory which looks out onto the front of the home. A smaller lounge is also provided for residents or visitors to use. Both lounges have large screen televisions and are comfortably furnished.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

A patio area is available at the rear of the home. Car parking spaces are available at the front of the home

The home is registered to provide care for a maximum of 15 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia (for 2 residents only)

7.0 Summary of inspection

This secondary unannounced care inspection of Carmen House was undertaken by Priscilla Clayton and Patricia Galbraith on 16 February 2015 between the hours of 10:50am-1:30pm. Patricia Millar, registered manager was on duty throughout the inspection. On this occasion Wendy Carson, deputy manager, undertook the home's lead in the inspection as part of her professional development. Patricia Millar was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard nine (Health and Social Care). The home was found to be compliant with this standard. There were processes in place to ensure the effective management of the standard inspected. This is to be commended.

As part of the inspection the care records of three residents were viewed. Records included details of the resident's general practitioner, optician and dentist.

Three care staff spoken with demonstrated good knowledge of the needs of residents in the home. Staff confirmed that the needs of residents can vary and they work closely with a range of other professionals who visit the home and review residents' changing needs is ongoing. The three care records which were reviewed evidenced health and welfare was continually monitored. There was evidence of multi-disciplinary input in relation to meeting resident's needs, and referrals had been made, where appropriate, to primary health care services.

The three care records reviewed also included a recording system which was used to monitor resident's attendance at health and social care appointments.

Records were available in the three care records reviewed which documented the personal equipment and appliances provided to residents. These items are maintained and stored appropriately in resident's bedrooms when not in use.

During the inspection the inspector met with residents and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties and that all residents receive services from their general practitioner, dentist, optician and podiatrist as required.

Comments received from residents are included in section 10.0 of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. One recommendation made related to the provision of covering for light switch strings in order to minimise the risk of cross contamination of infection.

One requirement and one recommendation were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, deputy manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 August 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	Regulation 30	<p><u>Accidents / Incidents</u></p> <p>The registered manager must ensure that any accident occurring in the home is notified to RQIA.</p>	Examination of records held in the home was cross referenced with those notified to RQIA. This evidenced compliance with this recommendation.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	Standard 10.1	<p><u>Policy / procedure</u></p> <p>The home had a policy on challenging behaviour which included restraint. Review of the policy identified that information on the procedure which staff should follow if a resident's behaviour becomes challenging should be included, additionally information as set within DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be included.</p>	<p>Examination of the policy/procedure and discussion with the assistant manager evidenced that the information referred to in this recommendation was contained in the policy.</p>	Compliant
2.	Standard 13.1	<p><u>Policy / Procedure – activities</u></p> <p>The development of a policy / procedure on Activities / Social Events is recommended.</p>	<p>The policy / procedure on activities had been developed as recommended.</p>	Compliant
3.	RQIA Staffing guidance for Residential Care Homes (2009)	<p><u>Staffing</u></p> <p>Review of the current care staffing levels is recommended as the current staff provision of one care staff and the manager on duty each morning falls short of RQIA Staff guidance For Residential Care Homes. (2009).</p> <p>(Ref: Section 11.8) Additionally staff should not be undertaking duties not related to care.</p>	<p>Examination of the staff duty roster and discussion with the deputy manager evidenced that this recommendation had been addressed with an additional staff member on duty each am.</p>	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of three care records evidenced these included the details of individual resident’s general practitioner, optician and dentist. There was evidence of resident choice in this regard.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Three care staff spoken with demonstrated good knowledge of resident’s needs, health care and interventions to meet identified needs.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The three care records which were reviewed evidenced that each resident's health and welfare was continually monitored. There was evidence of multi-disciplinary collaboration in meeting resident's needs with timely referrals made to primary health care services.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Discussion with staff indicated that resident's representatives would be provided with feedback from health and social care appointments where appropriate.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The three care records reviewed included evidence of recording of health care support services including GP, optician and dentist and associated records which was used to monitor resident's attendance at health and social care appointments and the monitoring / screening arrangements. In addition all information of forth coming appointments and visits is logged into the home's official appointment diary.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Records of personal health care screening and associated equipment and appliances are retained. Appliance items are maintained and stored appropriately in resident's bedrooms when not in use.</p>	<p align="center">Compliant</p>

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10.0 Additional Areas Examined

10.1 Resident's consultation

All residents were observed to be comfortable, content and relaxed. Residents were appropriately dressed with personal care needs attended. Residents were observed relaxing in the communal lounge, participating in the spiritual worship or alternatively in attendance at the Monday Club.

The inspector met with four residents individually and with the remaining residents in group format. Residents spoke freely with the inspectors and in accordance with their capabilities, all indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"It's just really good here, food is lovely, staff is great"

"It's absolutely marvellous here, you wouldn't get better"

"They are all very good and I see the doctor when needed, or the dentist and optician"

"The care is very good; I couldn't say anything bad about here, a really good place to live"

10.2 Relatives/representative consultation

No relatives the home during the inspection.

10.3 Staff consultation

The inspector spoke with three care staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources, including appropriate staffing levels to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents and the support primary health and social care services provided.

Staff were observed interacting with residents in a friendly respectful manner.

10.4 Visiting professionals

During the course of inspection the optician visited the home to assess the needs of residents in regard to eyesight screening. Records are retained.

10.5 Environment

The inspector viewed the home, accompanied by the deputy manager, and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be well maintained. One recommendation made related to the provision of covering for light switch string, for example plastic tubing, in order to minimise the risk of cross contamination of infection.

10.6 Duty Roster

The staff duty roster was examined and discussed with the deputy manager. One requirement was made in regard to ensuring the registered manager's hours are reflected.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Patricia Millar, registered manager and Wendy Carson, deputy manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Care Inspection

Carmen House

16 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Patricia Millar, registered manager and Wendy Carson, deputy manager on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 19 (2) 7	<p><u>Duty roster</u></p> <p>The manager's duty hours requires to be recorded within the staff duty roster.</p>	Once	A new column has been added to our rotas to cover Reg. Manager and Deputy Manager working hours.	23 February 2015

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Standard 38	<p><u>Environment</u></p> <p>To further enhance this standard it is recommended that a protective covering is placed on light switch strings in order to minimise the risk of cross contamination of infection.</p>	Once	New pull cords with protective coating have been replaced with additional plastic covers for bottom of cords.	9 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Patricia Millar
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Alexander Millar

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	12 March 2015
Further information requested from provider			